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2013 MAY 23 PM 4:21

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

SENATE OF PA
SECRETARY'S OFFICE

THE GOVERNOR

MEMBER OF THE COUNCIL OF TRUSTEES OF BLOOMSBURG UNIVERSITY OF
PENNSYLVANIA OF THE STATE SYSTEM OF HIGHER EDUCATION

May 23, 2013

To the Honorable, the Senate
of the Commonwealth of Pennsylvania:

In conformity with law, I have the honor hereby to nominate for the advice and consent of the Senate, Ramona H. Alley, 311 Foundryville Road, Berwick 18603, Columbia County, Twenty-seventh Senatorial District, for reappointment as a member of the Council of Trustees of Bloomsburg University of Pennsylvania of the State System of Higher Education, to serve for a term of six years and until her successor is appointed and qualified.

A handwritten signature in black ink, reading "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME A L L E Y	FIRST NAME R A M O N A	MI H	SUFFIX													
02	ADDRESS (work or home) 311 Foundryville Rd		City Berwick	State PA	Zip Code 18603	Area Code (570)	Phone 7598442 H										
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.																	
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)																
<table border="0" style="width:100%"><tr><td>A <input type="checkbox"/> Candidate (including write-in)</td><td>C <input checked="" type="checkbox"/> Public Official (Current)</td><td>D <input type="checkbox"/> Public Employee (Current)</td><td>E <input type="checkbox"/> Check this block if you are filing as a solicitor</td><td><input type="checkbox"/> Check this block if you are amending an original filing</td></tr><tr><td>B <input checked="" type="checkbox"/> Nominee</td><td>C <input type="checkbox"/> Public Official (Former)</td><td>D <input type="checkbox"/> Public Employee (Former)</td><td></td><td></td></tr></table>								A <input type="checkbox"/> Candidate (including write-in)	C <input checked="" type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor	<input type="checkbox"/> Check this block if you are amending an original filing	B <input checked="" type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)		
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B <input checked="" type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)															
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input checked="" type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held																
A	Trustee Bloomsburg University of PA																
B	Member of Council of Trustees																
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)																
A	Board Member Bloomsburg University of PA																
B	Trustee																
06	OCCUPATION OR PROFESSION (This may be the same as block 4) Office Manager			07 YEAR The information in blocks 8 through 15 below represents financial interests for the <u>PRIOR</u> calendar year indicated: 2012													
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> None																
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input checked="" type="checkbox"/> Name: None Address:																
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/> Name: Alley Medical Center Address: 301 W. 3rd St Berwick PA Adele Williams (rental) 616 E. 16th St Berwick PA																
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift Address of Source of Gift Circumstances (including description) of Gift																
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source (Name and Address)																
13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/> Business Entity (Name and Address) Name: Alley Medical Center Address: 301 W. 3rd St Berwick																
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Name and Address of Business None																
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business (Name and Address) Transferee (Name and Address) None																

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Ramona H. Alley

Enter Current Date

5/29/2013

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.